

Supplemental Application Data Sheet

Application Information

Application number::	<u>10/579,613</u>
Filing Date::	<u>05/17/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SERUM ALBUMIN CONJUGATED TO FLUORESCENT SUBSTANCES FOR IMAGING
Attorney Docket Number::	BIDM-P01-015
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	V.
Family Name::	Frangioni

City of Residence:: Wayland
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 34 Wayland Hills Road
City of mailing address:: Wayland
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01778

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shunsuke
Family Name:: Onishi
City of Residence:: Toyonaka, Osaka
Country of Residence:: Japan
Street of mailing address:: Shinsenrihigashi 2-5-25-511
City of mailing address:: Toyonaka, Osaka
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 560-0082

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US04038682	11/17/04
US04038682	An application claiming the benefit under 35 USC 119(e)	60/523,059	11/18/03
US04038682	An application claiming the benefit under 35 USC 119(e)	60/608,267	09/09/04

Foreign Priority Information

Assignee Information

Assignee name:: Beth Israel Deaconess Medical Center
 Street of mailing address:: 330 Brookline Avenue
 City of mailing address:: Boston
 State or Province of mailing address:: MA
 Postal or Zip Code of mailing address:: 02215